

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH			
BUREAU OF VITAL STATISTICS		ORIGINAL CERTIFICATE OF BIRTH			
County of <u>Yuma</u>		State Index No. <u>144</u>			
District of _____		Co. Register No. <u>418</u>			
Town of _____		Local Registrar's No. _____			
City of <u>Globe</u>		(No _____ St; _____ Ward)			
FULL NAME OF CHILD <u>Fred Le Roy Bailey</u>				Born	YES
If child is not named, make Supplemental Report of blank obtainable from local registrar.				Alive	NO
Sex of Child	<u>Male</u>	Twin, Triplet or other		and	
Number in order of birth		Legitimate?	<u>Yes</u>	Date of Birth	<u>Aug 1 1918</u>
				(Month) (Day) (Yr.)	
FATHER			MOTHER		
Full Name	<u>Charlie Bailey</u>		Full Maiden Name	<u>Jennie Delasco</u>	
Residence	<u>Globe, Ariz.</u>		Residence	<u>Globe, Ariz.</u>	
Color or Race	<u>White</u>	Age at last Birthday	<u>34</u>	Color or Race	<u>White</u>
		(Years)			<u>26</u>
Birthplace	<u>Helena, Montana</u>		Birthplace	<u>Phoenix, Ariz.</u>	
Occupation	<u>Steamster</u>		Occupation	<u>Housewife</u>	
Number of child of this mother	<u>2</u>	Number of children, of this mother, now living	<u>2</u>	Were precautions taken against Ophthalmia neonatorum?	<u>Yes</u>
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
I hereby certify that I attended the birth of above child; and that it occurred on <u>Aug 1 1918</u> , at <u>6:15</u> A.M.					
*When there is no attending physician or midwife, then the householder should make this return.			(Signature)	<u>Alvin Krumm M.D.</u>	
Given or christian name added from a supplemental report _____ 191_____			(Attending physician, midwife, householder*)		
Address <u>Globe, Arizona</u>					
Filed <u>Sept 10 1918</u>			LOCAL REGISTRAR.		
<u>628-801-156</u>			A True Copy		
COUNTY REGISTRAR.			COUNTY REGISTRAR.		